

**VICTIM SERVICES AND RESTITUTION COLLECTION REQUEST FORM**  
**CDC 1707 (Rev 11/99)**

**YOU MAY REQUEST ANY OR ALL APPLICABLE SERVICES AND SUBMIT THE FORM TO THE CALIFORNIA DEPARTMENT OF CORRECTIONS (CDC) AFTER THE OFFENDER IS SENTENCED TO STATE PRISON.**

You have the right to be notified of the status of an inmate including: scheduled release from state prison, escape, parole hearing, or death. You also have the right to collection of restitution ordered by the court.

Inmate's Full Name: \_\_\_\_\_ CDC Number: \_\_\_\_\_  
(Optional)

Date of Birth: \_\_\_\_\_ Date Sentenced to State Prison: \_\_\_\_\_  
(Optional) (Optional)

Court Case Number: \_\_\_\_\_ County of Commitment: \_\_\_\_\_

**A. CURRENT ADDRESS**

I understand that it is my responsibility to keep CDC informed of any change to my current address so that notification can be made. My request for notification will be forwarded to the proper institution for processing and marked "Confidential", then filed in the Confidential Folder of the inmate's Central File.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone Number: (Day) (\_\_\_\_) \_\_\_\_\_ Message: (\_\_\_\_) \_\_\_\_\_

**B. REQUEST FOR SPECIAL CONDITIONS OF PAROLE**

I am the ☐ Victim, ☐ Parent/Guardian of minor victim, ☐ Witness, ☐ Next of Kin, or

☐ Other: \_\_\_\_\_ and would like to request the following special conditions of parole:  
(specify/explain)

☐ No contact with victim

☐ Parole offender to another county

☐ Parole offender 35 miles from victim's residence

☐ Other: \_\_\_\_\_

Note: All requests for special conditions of parole are considered by the parole authority at the time of the inmate's release. If you would like to provide additional information, attach a separate sheet of paper. Not all requests for special conditions are granted.

**C. REQUEST FOR COLLECTION OF VICTIM DIRECT ORDER OF RESTITUTION**

If a judge has ordered a **direct order** of restitution to be paid to you, CDC can collect 20% of inmate trust account deposits. Restitution funds collected on your behalf will be forwarded to the State Board of Control for disbursement. If you have a copy of the Abstract of Judgement or relative court documents containing your direct order, please attach a copy to this form.

I, \_\_\_\_\_, would like to request CDC to collect on my direct order of restitution.  
(Print name of person cited in court order.)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Board of Control Claim Number: \_\_\_\_\_

**D. SIGNATURE OF REQUESTOR (Required):****DATE:**

Mail this form to: CDC, Office of Victim Services and Restitution, P.O. BOX 942883, Sacramento, CA 94283-0001  
If you have any questions please call (916) 358-2436, or in California toll-free at (888) 562-5874.